



Volunteer Application Checklist

- ☐ **Volunteer Application:** Please fill out completely. Use the back of the page or additional paper to answer the questions thoroughly.
- ☐ **Conduct Standards & Policies Acknowledgment:** Please read and sign the form (in 2 places) to indicate you have received the standards and policies, you have reviewed them and you will abide by them.
- ☐ **Criminal Record Statement:** *(handed out at orientation)* Check “yes” or “no” and fill in the boxes on the second, third and fourth rows. If you answer “yes,” you must attach a signed statement. *This form must be filled out in black ink*
- ☐ **Participant/Volunteer Waiver:** Please read and sign the form.
- ☐ **Personal References:** Please give the enclosed reference forms to *two* personal references that do not reside with you. Make sure they complete the form, including their name and contact information, and return it to the fax or address listed.
- ☐ **Live Scan Fingerprint Clearance** More information will be given out at orientation. Please do not attempt to get fingerprinted without speaking with Volunteer Coordinator or attending orientation first.
- ☐ **Driver License and Proof of Insurance:** Please submit a copy of your California Driver License and a copy of proof of automobile insurance.
- ☐ **TB Test:** More information will be given out at orientation. Please do not get a TB test without speaking with Volunteer Coordinator or attending orientation first.

Date: _____

Volunteer Application

Name _____
First Middle Last

Address _____
Street City Zip

Phone: Home _____ Work _____ Cell _____

Email _____ Fax _____

Date of Birth _____ Driver's License # _____ Exp Date _____

_____ My initials here represents my consent for BWC to run my DMV record. I understand that if, as a volunteer, I'm required to drive for a particular assignment, my record must be acceptable by BWC management and BWC's insurance carrier. I also understand that at no time does this authorize me to drive BWC vehicles – any authorization to drive for BWC would involve using my own vehicle and I understand that I am required to provide proof of auto insurance coverage.

Languages Spoken _____

Are you willing to provide translation services if needed? _____

Employment Status _____ (full time/part time/retired/unemployed)

Employer _____
Name Type of Business

City _____ Position _____

Highest Level of formal education _____

Current Students ___ Full-Time or ___ Part-Time Graduation Date _____

School _____ Major _____

Skills, Interests, Hobbies _____

Previous/Current volunteer experience _____

Volunteer Application

If you answer “Yes” to any of the following questions, this does *not* eliminate you from consideration. **Use the back of this page or additional paper to tell us more about any of the questions to which you answered “Yes.”** We would like to discuss the situation with you to determine:

- a) Working with us will not aggravate any existing conditions or concerns
- b) The conditions, if any, will not interfere with helping others

1. Do you require reasonable accommodations for any physical limitations due to a disability?

____ Yes ____ No

2. What motivates you to become a volunteer at this time?

3.** Please describe your experiences with death, grief, serious illness and/or crisis (i.e. when they occurred, how they affected you at the time and how you feel about them now)

*** Only applicants for The Centre for Living with Dying must answer Question #3*

Conduct Standards & Policies Acknowledgment

The following is designed to ensure ethical, professional conduct and to prevent situations that may alter and/or defeat service objectives. Volunteers must sign this form to indicate they have received the information and will abide by these standards.

Conduct Standards:

- ☐ Staff/volunteers shall not enter into any relationship with any Bill Wilson Center client/participant outside of the expected working relationship.
- ☐ Staff/volunteers who have a pre-existing personal, social or financial relationship with a client/participant shall not provide direct services to that individual.
- ☐ Staff/volunteers will not knowingly enter into a personal, social or financial relationship with a person who has been a client/participant of Bill Wilson Center within the last five years.
- ☐ Personal relationships between staff/volunteers and clients/participants or former clients/participants that are social, financial or sexual cannot be part of an accepted working relationship and are prohibited.
- ☐ Violation of this policy and/or failure to comply with expected ethical standards may result in termination of employment or volunteer status.

I have reviewed the conduct standards and agree to adhere to them.

My initials here represents my consent

Date

Policies & Procedures:

The following policies are included in your application packet:

- ☐ Unacceptable Behavior Leading to Termination from the Volunteer Program
- ☐ Drug and Alcohol Policy
- ☐ Sexual Harassment Policy
- ☐ Restriction on Contact With Minor Clients Of Agency
- ☐ Requirement to Report Suspected Child Abuse
- ☐ Confidentiality Code
- ☐ Conflicts of Interest
- ☐ Code of Safe Practices

**I have received a copy of the volunteer policies and procedures;
I have reviewed them and agree to adhere to them.**

My initials here represents my consent

Date



PARTICIPANT/VOLUNTEER WAIVER

I, _____ am volunteering with Bill Wilson Center.
Print Volunteer Name

I understand and acknowledge that activities may pose risks to me, including the risk of serious injury or death. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.

I do hereby, for myself, my heirs, executors and administrators, release and forever discharge **Bill Wilson Center** and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my participation in the above noted event.

I do hereby certify that to the best of my knowledge and belief I am in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Date

My initials here represents my consent

Printed Name

Participant Home
Phone

Home address (Street Address, City, State, Zip)

Participant Cell
Phone

Email address

Emergency Contact:

Print Name

Relationship

Address

City

State

Zip

Phone (include area code)

Volunteer Policies and Procedures

These Volunteer Policies and Procedures provide you with guidance and direction on key issues affecting your work at Bill Wilson Center and help make your volunteer experience comfortable and rewarding. Please review these policies and procedures carefully. Contact the Volunteer Program Manager if you have any questions.

Unacceptable Behavior Leading to Termination from the Volunteer Program

- Omission or falsification of pertinent facts or personal information on an application
- Gross misconduct or insubordination
- Conflict of interest
- Sexual or other inappropriate conduct with clients
- Abuse of, mistreatment of, or failure to work harmoniously with clients or coworkers
- Being under the influence of alcohol or drugs
- Theft of property or misuse of agency equipment or materials
- Failure to obey agency policies or procedures
- Failure to satisfactorily perform assigned duties

Drug and Alcohol Policy :Bill Wilson Center is a “Drug-Free Workplace.” Illegal use of drugs and use of intoxicants including alcoholic beverages by a volunteer during work performance will be grounds for immediate dismissal. A volunteer found selling or using drugs on the premises is subject to immediate dismissal.

Moreover, volunteers should refrain from the consumption of an alcoholic beverage for at least eight (8) hours prior to the start of a work assignment and shall not report for volunteer work with the odor of alcohol on their breath or person.

Sexual Harassment is illegal and will not be tolerated at Bill Wilson Center. All staff and volunteers at Bill Wilson Center must be allowed to work in an environment free from sexual behavior overtures.

The State of California Equal Opportunity Commission guidelines define sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment
2. Submission to or reflection of such conduct by an individual is used as the basis for employment decisions affecting such an individual
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment

Contact With Clients Is Restricted to hours of service as a volunteer. Moreover, during volunteer work at the agency, contact with clients should be limited to that interaction which is a necessary and appropriate part of the job assignment you are performing. This policy also applies to the client's family members.

The **Requirement to Report Suspected Child Abuse** has been established to provide maximum protection of our minor clients by ensuring every staff member, including volunteers, report any suspicion that a minor client of Bill Wilson Center may have been abused. Should you suspect abuse has occurred, report your suspicions to your supervisor immediately. Trained

clinical staff will ascertain whether your information or observations should be reported to County Child Protective Services or law enforcement. Staff will complete the required reports should they be necessary.

The **Confidentiality Code** is the keystone of trust between Bill Wilson Center and its clients to ensure effective delivery of services and the protection of our clients' interests. Our clients must be assured that any information that is provided to Bill Wilson Center will not be divulged in any way.

All volunteers shall regard personal and health related information about Bill Wilson Center's clients, staff and associates as confidential. Volunteers may not divulge the names or identity of anyone receiving services at Bill Wilson Center.

Information regarding a client's records, telephone conversations, family histories or mental illness must never be communicated to anyone other than a Bill Wilson Center staff member who requires such information to serve the client.

Should volunteers encounter Bill Wilson Center clients in the community, it is not appropriate to mention or discuss the client's relationship or history with Bill Wilson Center in the presence of a third party unless the client mentions it first.

Any request made to a volunteer by an outside agency or person regarding a Bill Wilson Center client must be directed to a staff supervisor and will not be answered in any way by a volunteer. Volunteers may not even acknowledge or confirm that a specified person is, or has been, a client.

Conflicts of Interest are prohibited at Bill Wilson Center. A conflict of interest exists whenever the activity of a volunteer results in or provides opportunity for the volunteer, or a third party acting in concert with the volunteer, to obtain an improper gain or advantage that is adverse to the interests of Bill Wilson Center. If you have concerns that you may have a conflict of interest, communicate the circumstances to your supervisor immediately to get direction.

The **Code of Safe Practices** has been adopted to prevent injury and ensure Bill Wilson Center is a safe and efficient place in which to work. While the code provides general guidelines that are helpful, it is not intended to be exhaustive. As a volunteer, you are asked to be vigilant in your efforts to protect your personal safety and the safety of others. Moreover, if you identify a condition or practice that appears to be unsafe, contact your supervisor immediately.

To carry out this policy volunteers shall:

1. Report all unsafe conditions and equipment to your supervisor immediately.
2. Report all accidents, injuries and illnesses to your supervisor immediately.
3. Keep doors unblocked and well lit during work hours.
4. In the event of fire, sound alarm and exit the building.
5. Always use the proper lifting technique. Never attempt to lift or push an object that is too heavy. Contact a supervisor when help is needed to move a heavy object.

Prospective Volunteer Reference Form

Date: _____

_____ is applying
(print prospective volunteer name here)
to become a volunteer with Bill Wilson Center.

Bill Wilson Center has worked to meet the needs of the community since 1973 and currently operates over sixteen programs that serve youth and families through counseling, housing, education and advocacy. The Centre for Living with Dying offers emotional support to people dealing with grief and loss including those facing life-threatening illnesses or the death of a loved one. Contact Cares is a program of free, confidential 24-hour hotlines that provide listening/counseling, crisis intervention and information and referral to those in need. Volunteers selected to participate in our programs receive specialized training and work closely with our clients. Our clients are in vulnerable states, so it is important that volunteers be emotionally healthy, dependable and capable of dealing with a variety of crisis situations.

Please complete the enclosed reference form and return it to Bill Wilson Center as soon as possible. All references are held in strict confidence and are not shared with the prospective volunteer. This form must be received before the applicant can be considered for the volunteer training series.

Please return promptly to:

Volunteer Coordinator
BILL WILSON CENTER
3490 The Alameda
Santa Clara, CA 95050

OR FAX: 408-850-6138

Thank you in advance for your time and thoughtful responses.

Sincerely,

Lyndsey Marks
Volunteer Coordinator

Enclosure: Prospective Volunteer Reference Form

Prospective Volunteer Reference Form

Name of Prospective Volunteer: _____

Please respond to the following questions as completely as you can. Use additional paper if needed. If you do not feel you can answer one or more questions, please explain why.

1. What are the personal strengths of this applicant as they relate to offering emotional support to clients at Bill Wilson Center?

2. Do you know of any reasons or conditions that would prevent this prospective volunteer from coping with the stress of a crisis situation?**

**If applying for the Centre for Living with Dying, the stress of grief and loss

____ YES ____ NO If "YES", please explain:

3. Would you recommend this person as a volunteer for Bill Wilson Center?
____YES ____NO Please give your reasons below:

Your Name: _____

Address: _____

Phone Number: _____

Your Relationship to Applicant: _____

Please Return to:

Lyndsey Marks
Volunteer Coordinator
Bill Wilson Center
3490 The Alameda
Santa Clara, CA 95050

Or fax to (408) 850-6138

Prospective Volunteer Reference Form

Date: _____

_____ is applying
(print prospective volunteer name here)
to become a volunteer with Bill Wilson Center.

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Sincerely,

Lyndsey Marks
Volunteer Coordinator

Enclosure: Prospective Volunteer Reference Form

Prospective Volunteer Reference Form

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Volunteer Coordinator
Bill Wilson Center
3490 The Alameda
Santa Clara, CA 95050

Or fax to: (408) 850-6138